

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 172

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Jane Steele { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Aug 17, 1930
Month Day Year

8. FATHER Full name Joseph Edward Steele 14. MOTHER Full maiden name Mary Elizabeth Stewart

9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz If non-resident, give place and state. Ariz

10. Color or race White 16. Color or race White
11. Age at last birthday 44 (Years) 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) _____ 18. Birthplace (city or place) England
(State or country) England (State or country) _____

13. Occupation miner 19. Occupation Housewife
Nature of industry _____ Nature of industry _____

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Adams Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.

Month, day, year _____ Filed 9/8, 1930 E. E. Lightner Registrar
Registrar

425-617-423